



Implementing Consistent Assignment

Part One:

Why Consistent Assignment is Essential to Eliminate Off-Label Antipsychotics

Spring 2016

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www.BandFConsultingInc.com

Implementing Consistent Assignment Three Part Webinar Series

Part One:

- **Why It's Essential**
- **Overcoming Common Barriers**
- **Getting Started with Consistent Assignment**

Part Two:

- **Engaging Staff in Implementing Consistent Assignment**
- **Engaging Systems in Support of Consistent Assignment**

Part Three:

- **Maximizing and Sustaining Consistent Assignment**

FROM Vicious Cycle of Instability TO Positive Cycle of Steady Improvement

Relational Coordination and A Positive Chain of Leadership

**TIPPING
POINT**

Reduce Stress

- Rounds to check in on people, not up on people
- All Hands on Deck
- Community Meetings

Stabilize Staffing

- Identify and support your best employees
- Improve attendance and schedule
- Hire for character and give new employees a good welcome

Develop a Positive Chain of Leadership

- People development
- Develop Nurses as Leaders
- Help people improve/hold people accountable

Promote Relational Coordination and Critical Thinking

- Consistent assignment
- Shift Huddles and Inter-shift communication
- CNAs active in care planning
- QI among staff closest to the resident

Achieve Quality Improvement through Individualized Care

- Transform from Institutional to Individualized Care Delivery Systems to support customary routines such as waking, sleeping, eating, bathing, and daily activity, to promote mobility and reduce psycho-active meds and hospitalizations

**The Cumulative Effect of Many Changes
Addressing the Many Interrelated Root Causes**

WHY CONSISTENT ASSIGNMENT?

**The Caregiving Relationships
Closest to Your Residents
Have the Greatest Impact
On Your Residents' Well-being,
Especially for Residents with Dementia**

MDS Section E Behavior

E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

↓ Enter Codes in Boxes	
Coding: 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	<input type="text"/> A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
	<input type="text"/> B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
	<input type="text"/> C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

E0800. Rejection of Care - Presence & Frequency

Enter Code <input type="text"/>	Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.
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Which care is being rejected, and why?

Experiential **Scenario**

Imagine...

You have to get to the bus stop at 3:00 to pick up your son. You know he's waiting for you and he'll be upset and crying if you're not there on time.

But as you go to try to meet the bus, a stranger stops you and tells you you can't do this and bars you from leaving.

Adapted from Thomas Kitwood

How Would You Feel?

What Would You Do?

Imagine...

You are in a deep sleep.

You hear someone come into your room. It's someone you don't recognize.

They tell you to get up.

Adapted from Thomas Kitwood

How Would You Feel?

What Would You Do?

Quickly read the following words aloud

Purple	Black	Orange
Blue	Yellow	Blue
Red	Orange	Black
Yellow	Red	Yellow
Black	Blue	Green
Orange	Orange	Red
Yellow	Black	Yellow

Quickly read the following colors aloud

Purple

Black

Orange

Blue

Yellow

Blue

Red

Orange

Black

Yellow

Red

Yellow

Black

Blue

Green

Orange

Orange

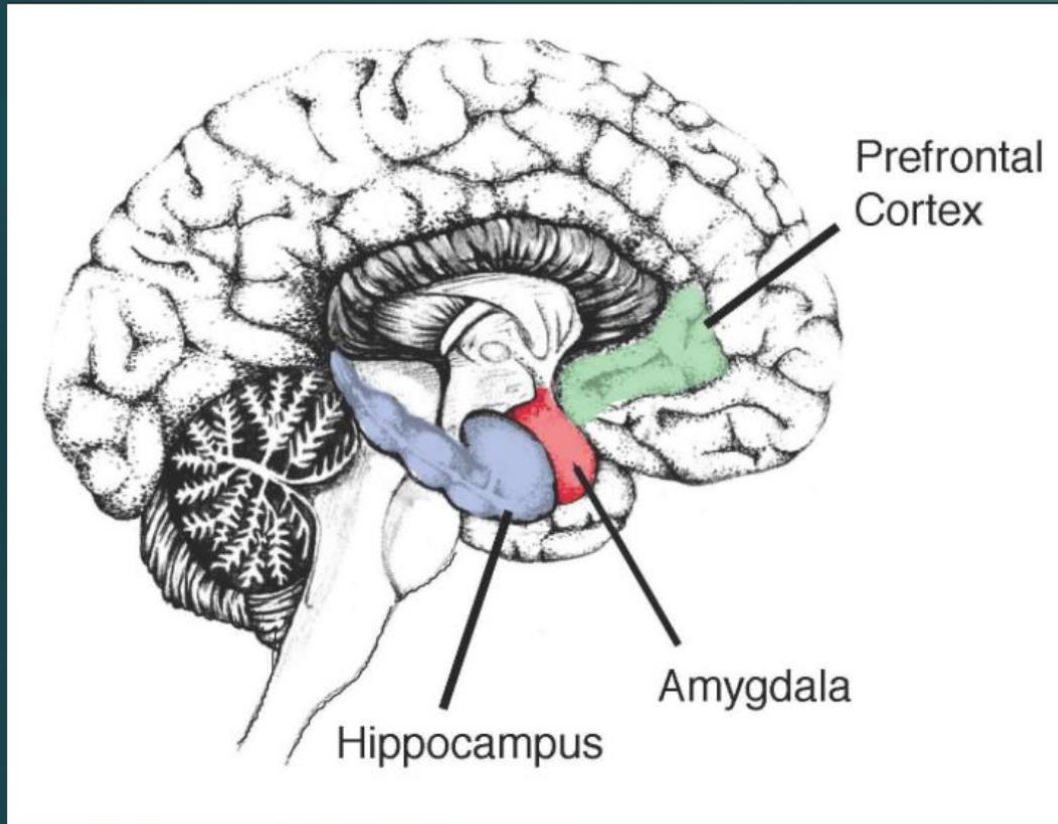
Red

Yellow

Black

Yellow

Amygdala



- ▶ Regulates emotions
 - ▶ Fear
 - ▶ Anger
- ▶ Apathy
- ▶ Paranoia
- ▶ Outbursts

Understanding Behavioral Communication

Differentiating Between Agitation and Aggression

Susan Wehry, MD

<http://www.susanwehrymd.com>

Agitation

- Slapping thighs
- Clapping
- Yelling
- Screaming

- **Self-referred**
 - **Something is wrong with *me***
 - **Do something!**

From Susan Wehry, MD

Agitation

HELP ME

Pain

Hunger or Thirst

Other Urgent Need

From Susan Wehry, MD

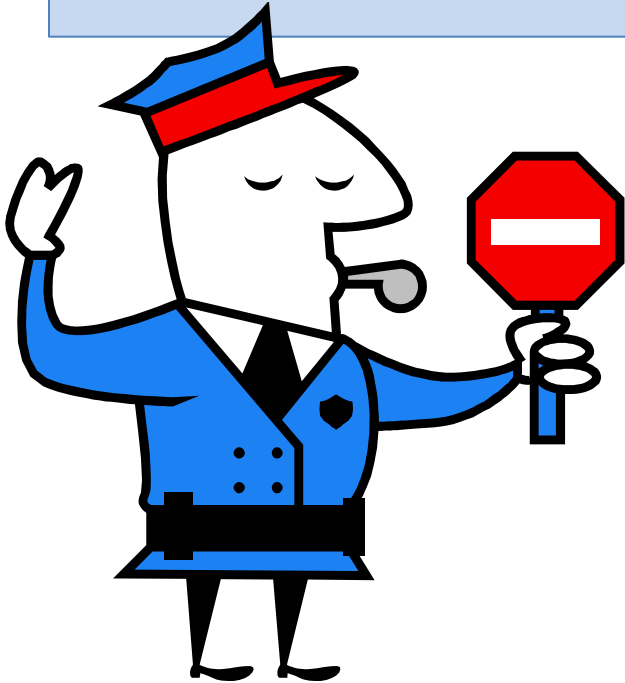
Aggression

- Hitting out
- Kicking
- Pinching
- Biting
- Threatening
- Swearing



From Susan Wehry, MD

Aggression



STOP

LEAVE ME ALONE!

From Susan Wehry, MD

Aggression



**OTHER -
REFERRED**

**FEAR -
BASED**

From Susan Wehry, MD

Bathing Without a Battle

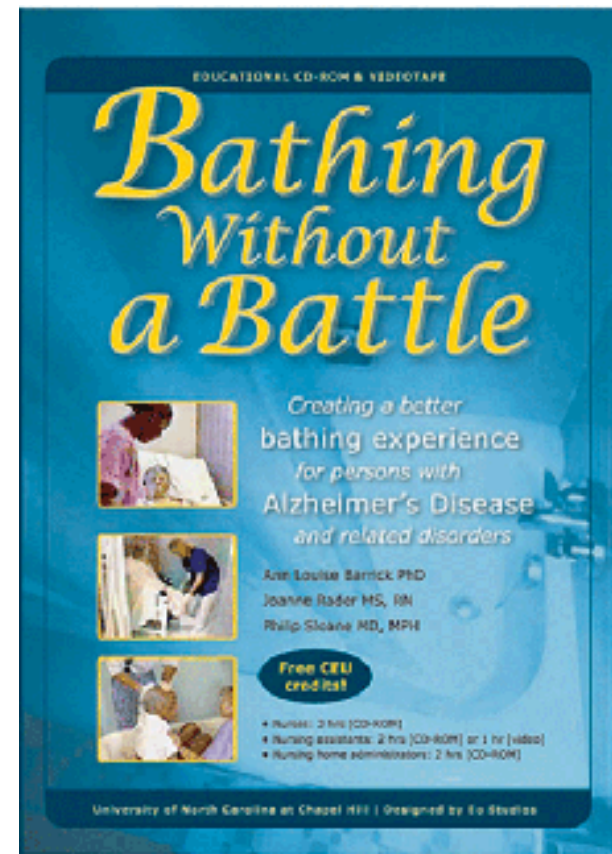
Person-Directed Care of
Individuals With Dementia

Second Edition

Editors

Ann Louise Barrick
Joanne Rader
Beverly Hoeffler
Philip D. Sloane
Stacey Biddle

Joanne Rader



If a resident with dementia is escalating and demanding that you ***remove their tray RIGHT NOW*** but you are taking care of someone else...
what will work best?

- a. Explain that you will get to them as soon as you can
- b. Tell them they have to wait their turn, you are caring for someone else
- c. Go find someone else to help them
- d. Tell the resident you are helping that you will be right back, then go to the other resident and remove the tray.

Look for unmet needs

- Hunger, thirst
- Too hot, too cold
- Tired
- Bored
- Overstimulated
- Pain
- Toileting

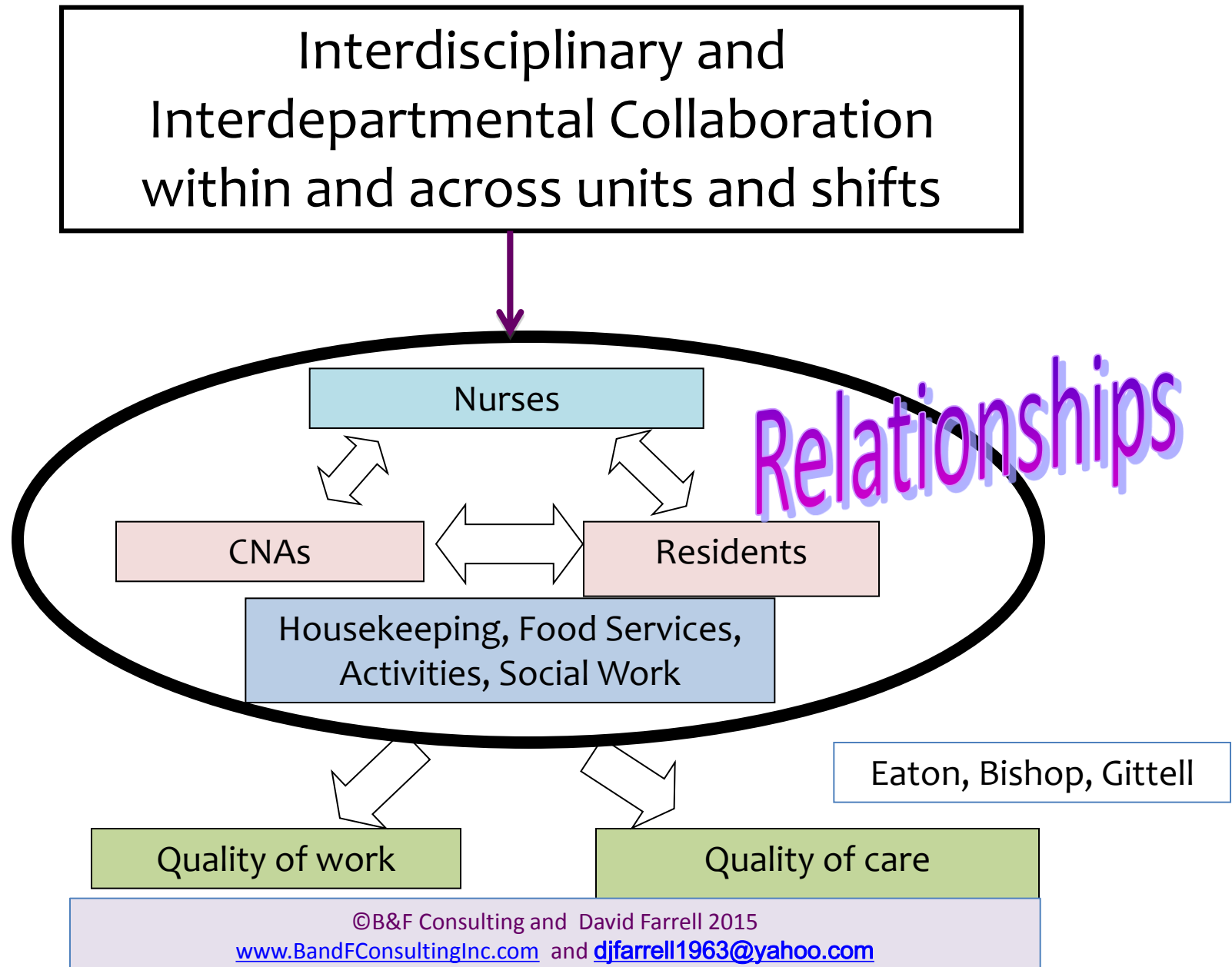
Comfort care

Employ the 3 R's (Reassure, Respond, and Refocus)

The Why of Consistent Assignments

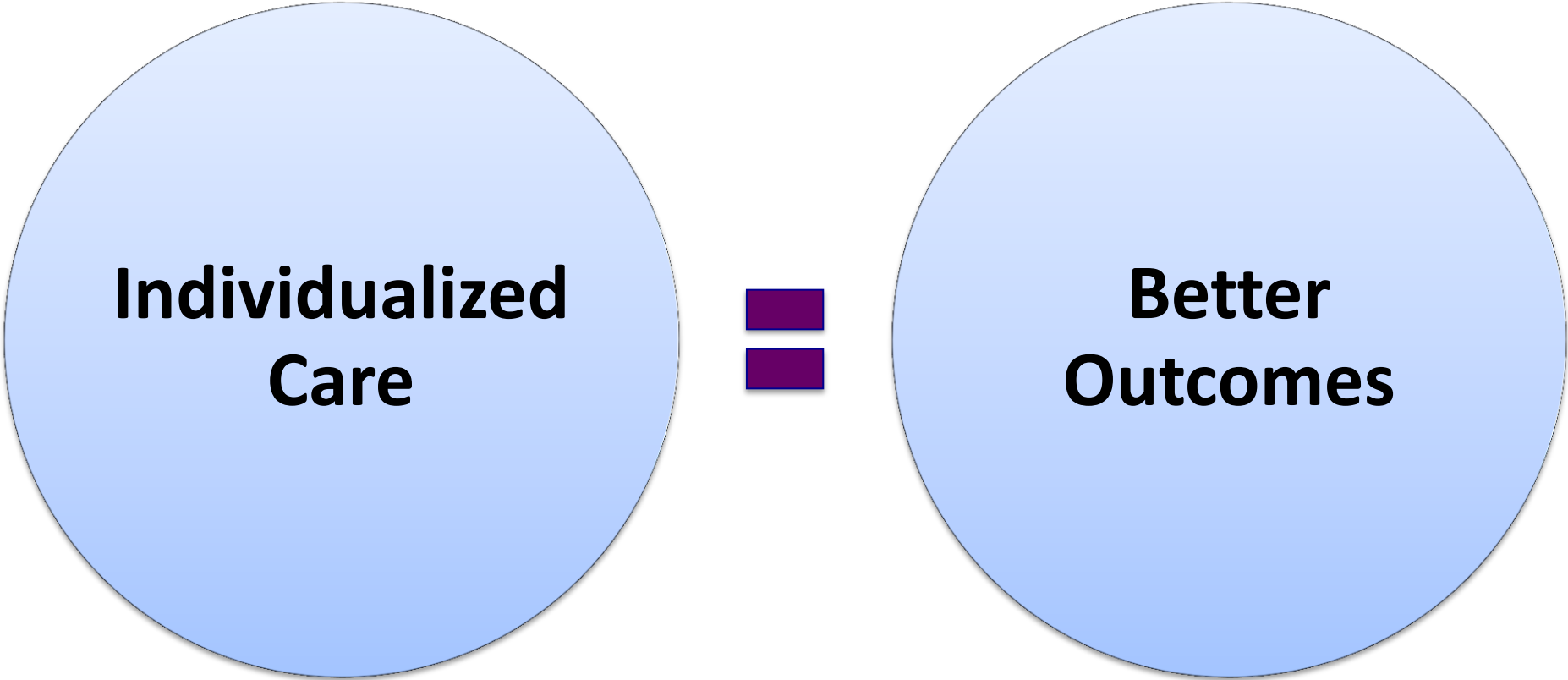
- Residents feel safe. Their caregiver feels familiar.
- Caregivers know just how residents like it, so residents trust them, and staff can plan their work.
- Staff recognize the early signs of distress and can prevent avoidable events and maintain residents' well-being
- Working together engineers teamwork
- Staff stability – staff who know they are valued stay

Relationships Closest to the Resident Matter Most



**When residents were asked
what matters most for quality care,
they said:**

***Kind caring staff,
who know me as a person and
help me continue to be the person I am***



The diagram consists of two large light blue circles with thin black outlines. The left circle contains the text 'Individualized Care' and the right circle contains the text 'Better Outcomes'. Between the two circles is a purple equals sign, which is composed of two stacked horizontal rectangles.

**Individualized
Care**



**Better
Outcomes**

Facility must:

- Actively seek information
- Be “pro-active” in assisting residents to fulfill their choices
- Make residents’ choices known to caregivers

Resident Interview

B Choices QP234

Do you choose when to get up in the morning?

If no, what time do you get up and what time would you like to get up in the morning?

Do you choose when to go to bed at night?

If no, what time do you go to bed and what time would you like to go to bed?

Do you choose how many times a week you take a bath or shower?

If no, how many times a week do you get a bath or shower? How many times a week would you like to bathe?

Do you choose whether you take a shower, tub, or bed bath?

If no, what type of bathing are you receiving? What would you like to receive?

Can you have visitors any time during the day or night?

If no, what are the visiting restrictions?

CNAs ask five simple questions:

1. How would you like to be addressed?
2. What time do you want to shower?
3. What time do you want to go to bed?
4. What time would you like to wake up?
5. What would make you comfortable?

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**We can avoid residents' distressed behaviors
by avoiding stressful situations,
by knowing residents well through consistent assignment**

The Why of Consistent Assignments



Drink up

The Why of Consistent Assignments




What was it like
to be helped to
drink?

Receiving Intimate Care is Emotionally Difficult

***How Care is Provided
Really Matters***

The Why of Consistent Assignments

A clear glass of water is centered in the background. Overlaid on the glass is a light purple rectangular box, tilted at an angle, containing the text 'What would it be like if you had dementia?' in a bold, dark blue font.

What would it be
like if you had
dementia?

**For residents with dementia,
familiarity is essential.**

Consistent staff can:
Adjust to a resident's
preferred ways of doing things
Know what makes
a resident feel safe and comfortable
Anticipate and prevent distress

“We all understand the value of consistent assignment, but we tried it and couldn’t keep it up.”

Overcoming Common Barriers

Common Barriers

1. Unfair assignments
2. Residents everyone finds difficult to care for
3. Unscheduled absences
4. Staff vacancies
5. Preferred schedules and getting everyone their hours
6. Staff know a resident would prefer it a certain way but the system won't allow it, *so they...give the bath anyway or wake someone up who really wants to sleep...*and then staff would rather rotate.

Implement Consistent Assignments in Ten Steps

- **Step One: Assemble a Team**
- **Step Two: Measure Current Consistency**
- **Step Three: Prepare the Ground through Staff Training**
- **Step Four: Assign Staff to One Work Area**
- **Step Five: From Staff-Centered to Resident-Centered Schedule.**
- **Step Six: Adjust Staff Composition to Maximize Full-time Staff.**
- **Step Seven: Plan To Cover Unscheduled Absences without Moving Consistently Assigned Staff**
- **Step Eight: Meet with Staff to Rate Residents.**
- **Step Nine: Make Draft of Assignments.**
- **Step Ten: Monitor and Maximize to Sustain**
 - **Use What Staff Know.**

Step One

Form a Team to Lead this Process

Include:

- Decision-maker (Administrator/DoN)
- A Unit Manager/House Manager/Shift Supervisor
- A CNA
- A Floor Nurse
- Scheduler and/or HR and/or Staff Development

Step Two

Measure Current Consistency

Determine the current state of daily assignments, in reality


- **Resident – caregiver count**

Choose a sample of residents to gather data on. Count the number of CNAs assigned to care for each resident in the sample. Count the number of CNAs who signed off on that resident's care.






- **Staff assignment change count**






Choose a sample of CNAs and nurses to gather data on. Count the number of times staff are moved from their assignment to cover for an unscheduled absence.


Advancing Excellence tool to collect consistent assignment data: <https://www.nhqualitycampaign.org>





**ADVANCING
EXCELLENCE**
IN AMERICA'S
NURSING HOMES


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 **Get Tracking Tools**

 **Enter Data**

 **View Progress**

 **My Goals**

ABOUT THE CAMPAIGN

Our mission is to make nursing homes better places to live, work, and visit.

The Advancing Excellence in America's Nursing Homes Campaign is a major initiative of the [Advancing Excellence in Long Term Care Collaborative](#). The Collaborative assists all stakeholders of long term care.

The Campaign helps nursing homes improve the quality of care and quality of life for the more than 1.5 million residents of America's nursing homes by:

- **FREE** tools and resources to support evidence-based quality improvement programs
- Establishing and supporting an infrastructure of Local Area Networks for Excellence (LANEs)
- Strengthening the workforce
- Improving clinical and organizational outcomes

Support the Campaign through [membership](#).

CMS Partnership to Improve Dementia Care

View State & National Statistics

Circle of Success

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Step Three

Prepare the Ground through Staff Training

Take the paired drinking exercise out to your staff and talk about consistent assignment.

Let them know you'll be working with them to figure it out.



Step Four

Group Staff By Work Area

Find out which unit/neighborhood each of your CNAs and nurses prefer to work in.

Group staff into work areas.

This is a first step into consistency.

By working in the same area every day with the same residents and co-workers, staff to get to know residents and each other.

Immediately staff and residents will benefit, and your organization will have more stability.

Activating High Involvement

- You are activating a high-engagement process both for your team and for your staff.
- This process generates analytical thinking both among team members and among staff.
- When you implement consistent assignment in a way that involves your staff in figuring out assignments, you are creating the environment for their continued contributions.
- For consistent assignment to be sustained, your organization has to draw on what staff know about their residents.

Implement Consistent Assignments in Ten Steps

Part Two:

- Engaging Staff in Implementing Consistent Assignment
 - Engaging Systems in Support of Consistent Assignment
-
- Step Five: From Staff-Centered to Resident-Centered Schedule.
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Contact Information

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Questions?

If you have any questions regarding this presentation, please email them to
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